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ABSTRACT

This Kids Count census brief is the second in a series to offer policymakers concise glimpses of Kansas' children and families. The brief's introduction notes important changes in the child population during the 1990s: Head Start participation increased to 60 percent of eligible children; the number of kindergartners who were fully immunized by age 2 has increased steadily to 78 percent; while availability of child care remains lower than 4 years ago, it has increased in the last year; and the percentage of children born to mothers without a high school degree increased slightly. The remaining sections of the census brief detail each of the preceding findings, including graphs depicting trends from 1990 to the present. The brief concludes with policy implications of the data related to access to services for children and the cost effectiveness of helping children in their early years. (KB)

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COUNTING KIDS

A Retrospective Look at Young Children in Kansas

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Purpose

"Counting Kids: A Retrospective Look at Young Children in Kansas," is the second of a series of reports that will be produced during the next two years by Kansas Action for Children in collaboration with the University of Kansas School of Social Welfare.

These reports, offering glimpses of the state's children and families, are intended to provide policymakers with key data that will enable them to think beyond the present and plan for long-term needs.

The 2000 Census briefs are made possible by grants from the United Methodist Health Ministry Fund, Hutchinson, Kan., and the Annie E. Casey Foundation.



Making a difference for Kansas children.



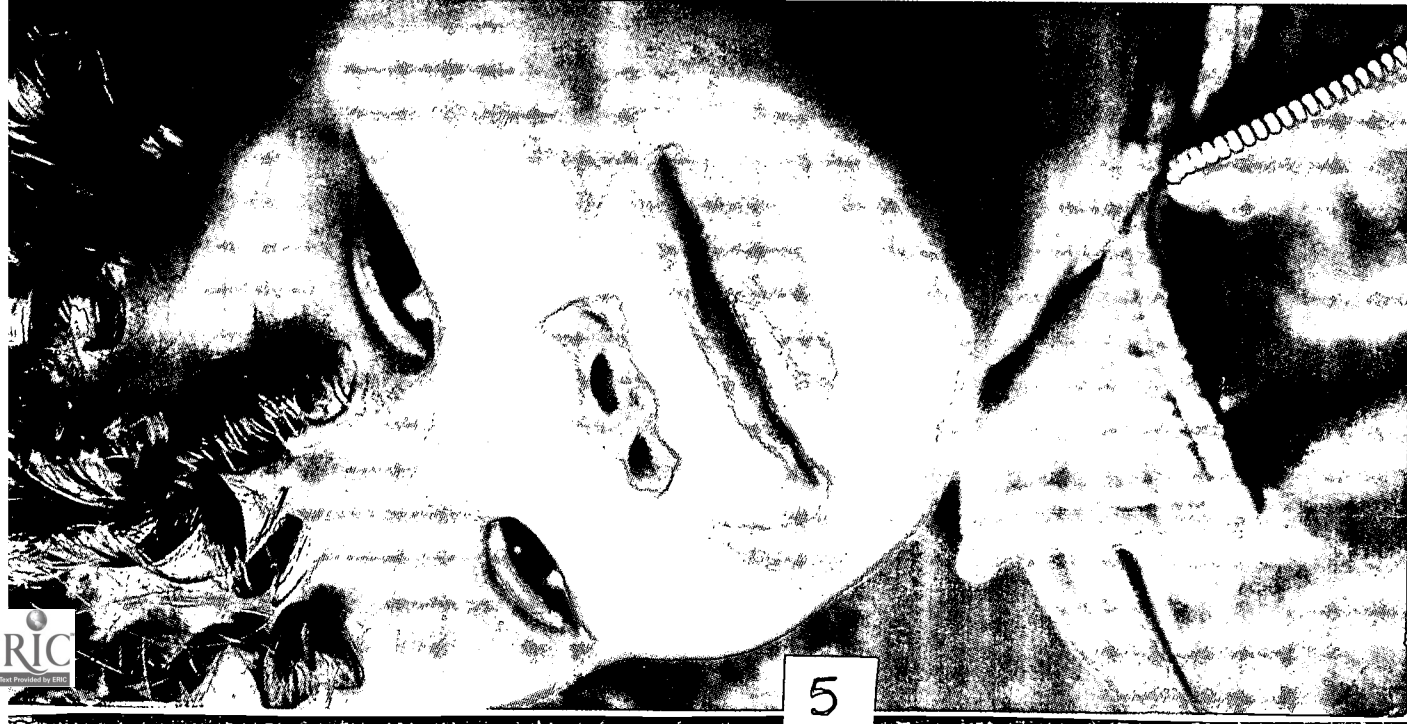
Introduction

Investing early makes a difference. Research on early brain development demonstrates the life-long importance of good infant health care and child care. In this brief we examine trends in early childhood well-being during the 1990s. Our findings include:

- Head Start participation has increased to 60 percent of eligible children.
- The number of kindergartners who were fully immunized by age two has steadily increased to 78 percent.
- While availability of child care remains lower than four years ago, it has increased in the last year.
- The percentage of children born to mothers without a high school degree has increased slightly.

Despite modest gains in some areas of early childhood well-being, there are many opportunities for improvements. We need to strengthen our commitment to long-term investments in children. Data from the 2000 Census can help policymakers target investments so they have the greatest impact.



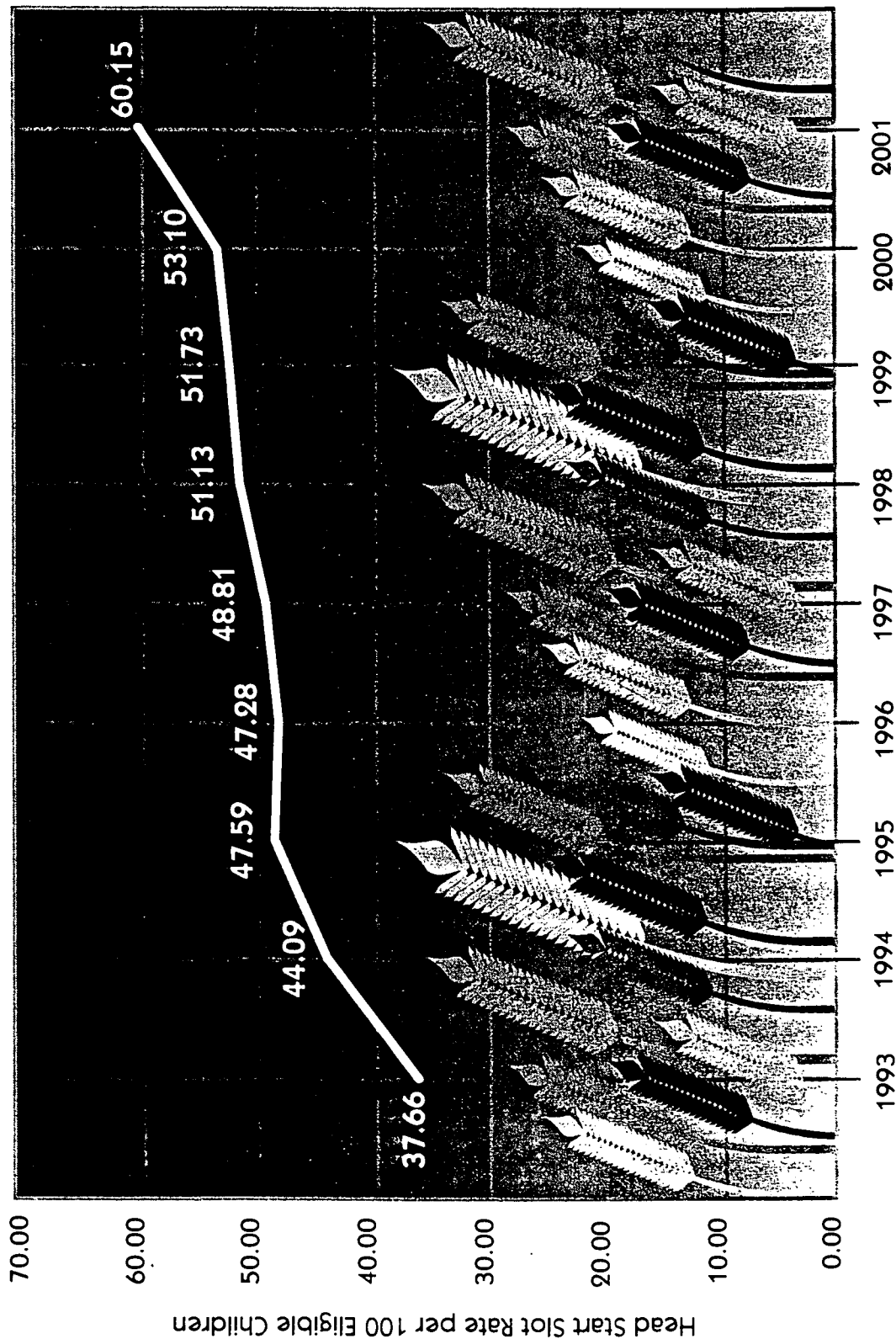


Head Start

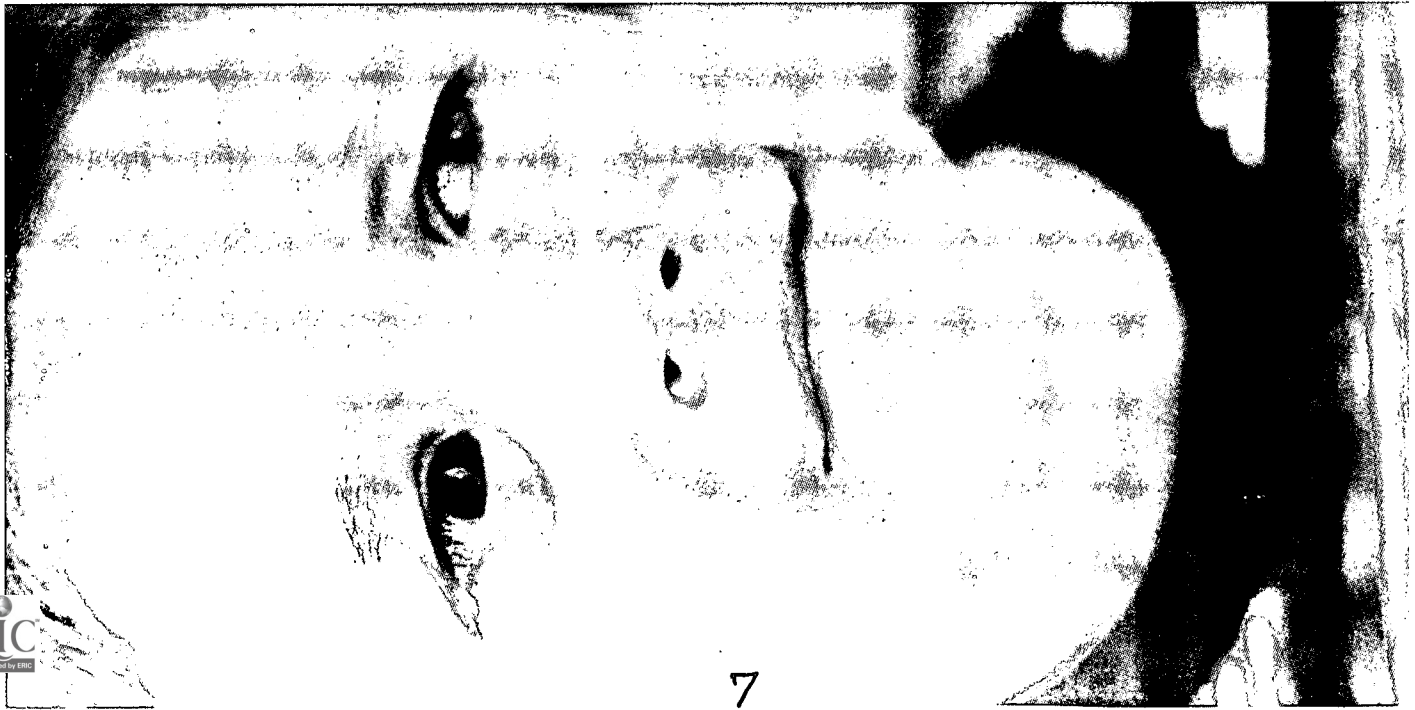
Head Start participation in Kansas has increased to 60 percent of eligible children, helping children from low-income families overcome obstacles they face.

- Enrollment in Head Start and Early Head Start in Kansas is over 8,600 children. Head Start serves children ages 3-5, while Early Head Start serves pregnant women, infants and toddlers.
- Head Start is effective. When Head Start children go to school, research shows they score higher on achievement tests. They also have significantly lower absentee rates, demonstrate higher self-esteem and receive more medical and dental screenings.
- Twenty-two counties in Kansas do not have Head Start programs. Seventy-five counties do not have Early Head Start programs.
- Both rural and urban areas face unique challenges in providing Head Start services. Children in rural areas lack access to services. Children in urban areas experience longer waiting lists because of the higher number of eligible children.

Head Start, Early Head Start or other early learning programs should be expanded to serve regions of the state without programs. Less than 5 percent of eligible children are served by Early Head Start.



Head Start Participation for Eligible Children

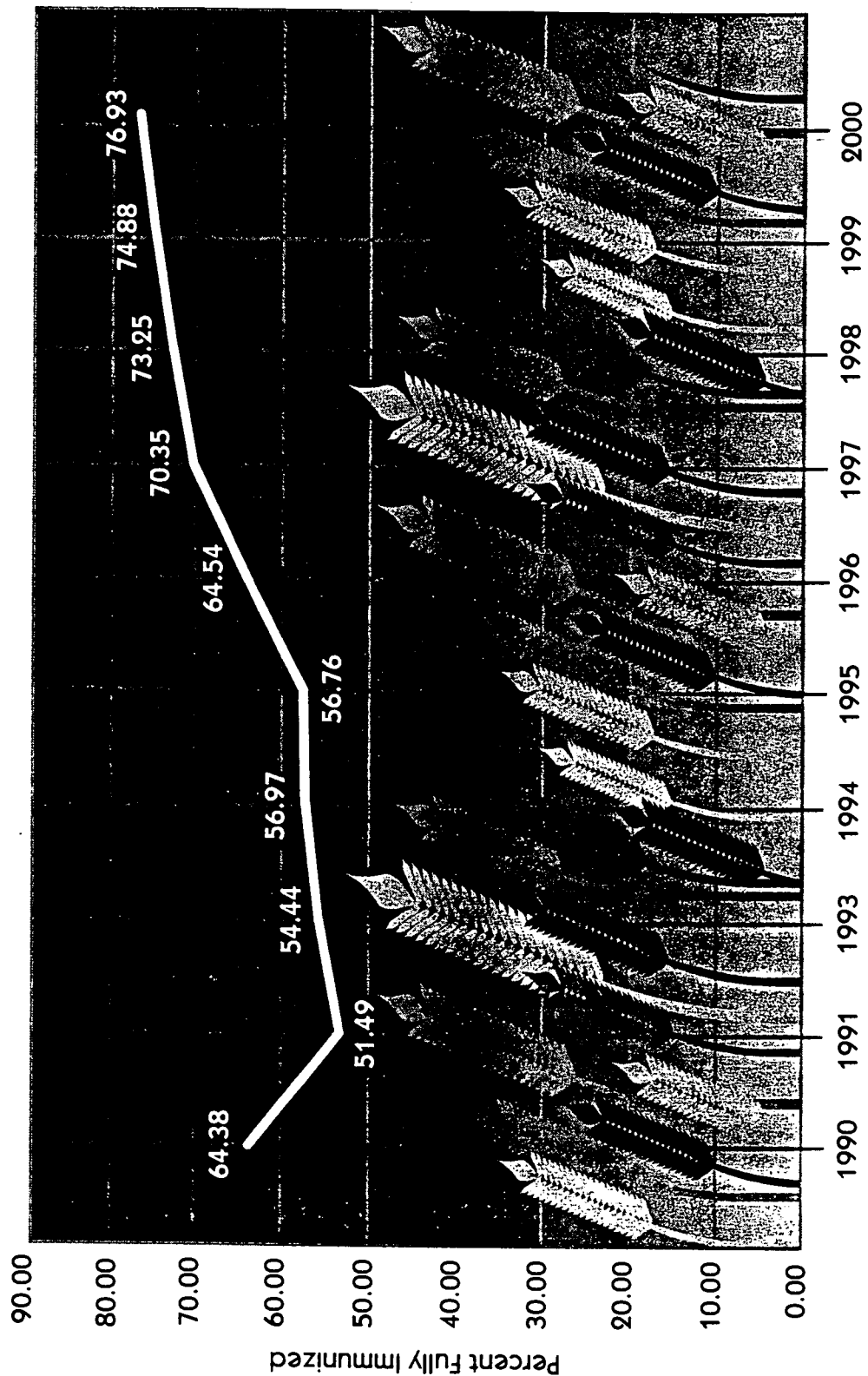


Immunization

The number of kindergartners who were fully immunized by age two has steadily increased to 78 percent over the past 10 years.

- Public awareness campaigns have contributed to the significant progress. Kansas officials credit programs such as Operation Immunize, which offered free vaccinations to children 35 months and under, for improvements in the immunization rate.
- Collaboration among social service programs enhances effectiveness. For example, some WIC programs provide on-site immunization services, check immunization records and include immunization information in food packages. Efforts such as those have played an important role in improving immunization rates across Kansas.
- While nearly every county in Kansas improved its immunization rates over the past decade, certain regions of the state lag behind. Among the challenges for counties reporting low immunization rates in rural areas of Kansas are the mobility of the population and the inability to track immunizations given by private health providers.

Although Kansas achieved a 78 percent immunization rate, the state remains slightly below the national average. Continued outreach and collaboration are key factors for Kansas to improve immunization rates.



Percent of Kindergartners Fully Immunized by Age Two

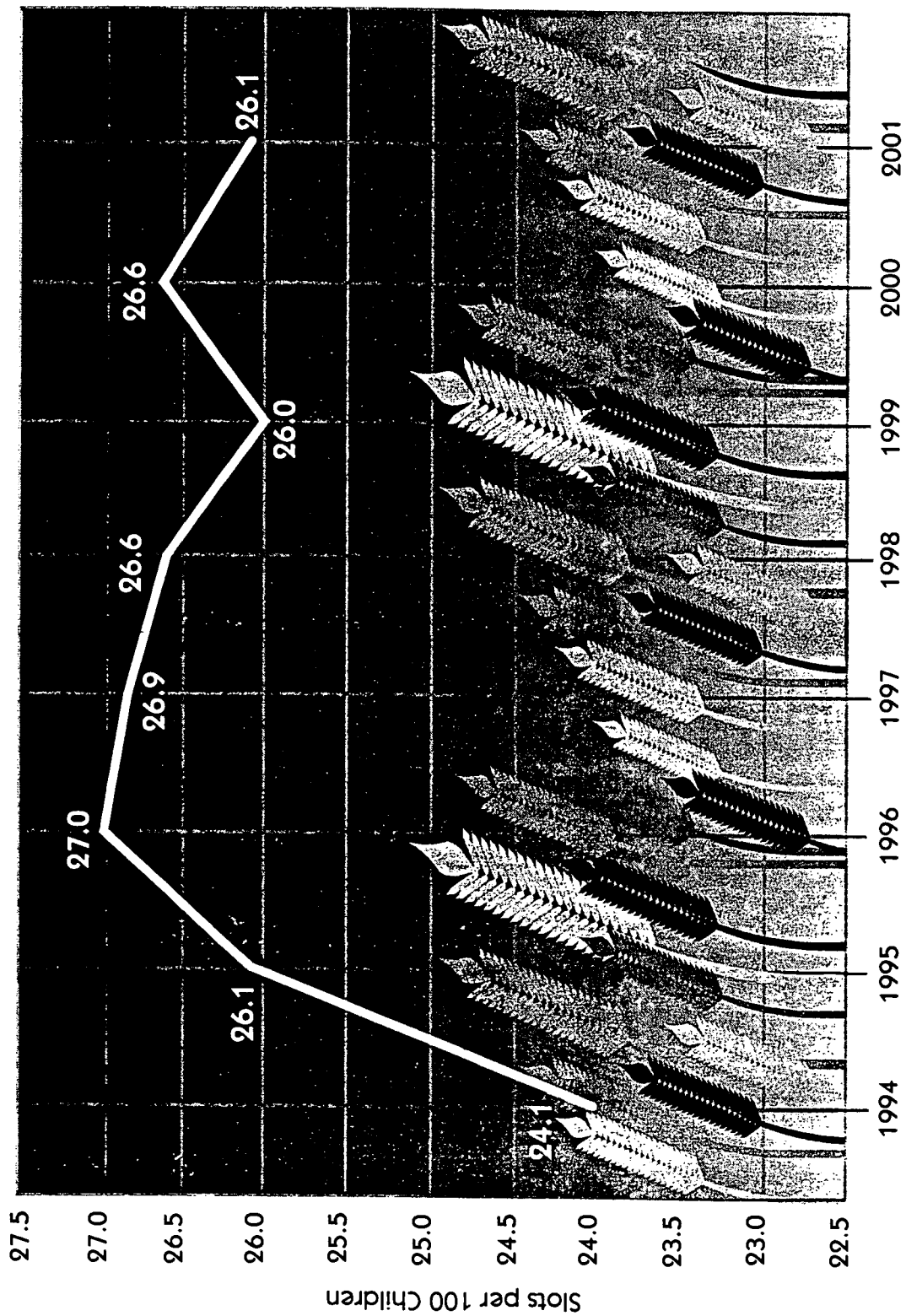


Child Care

The availability of child care, as measured by slots per 100 children, mirrored the volatility of the economy with an average of 26.2 slots over the past seven years.

- There appears to be a decline of providers during economic upswings because child care workers can find better paying jobs in other fields. Likewise, the number of providers appears to increase during periods of recession.
- About 85,500 children attend a licensed or registered child care facility in Kansas each year.
- The shortage of quality child care is greatest among infants and toddlers in Kansas. That segment of care is also among the most expensive to provide.
- An increasing demand for child care emphasizes the need to make quality child care accessible to all families in Kansas.

In addition to availability, the quality and affordability of child care are important factors to consider. Public-private partnerships and government support should be explored.



Availability of Child Care

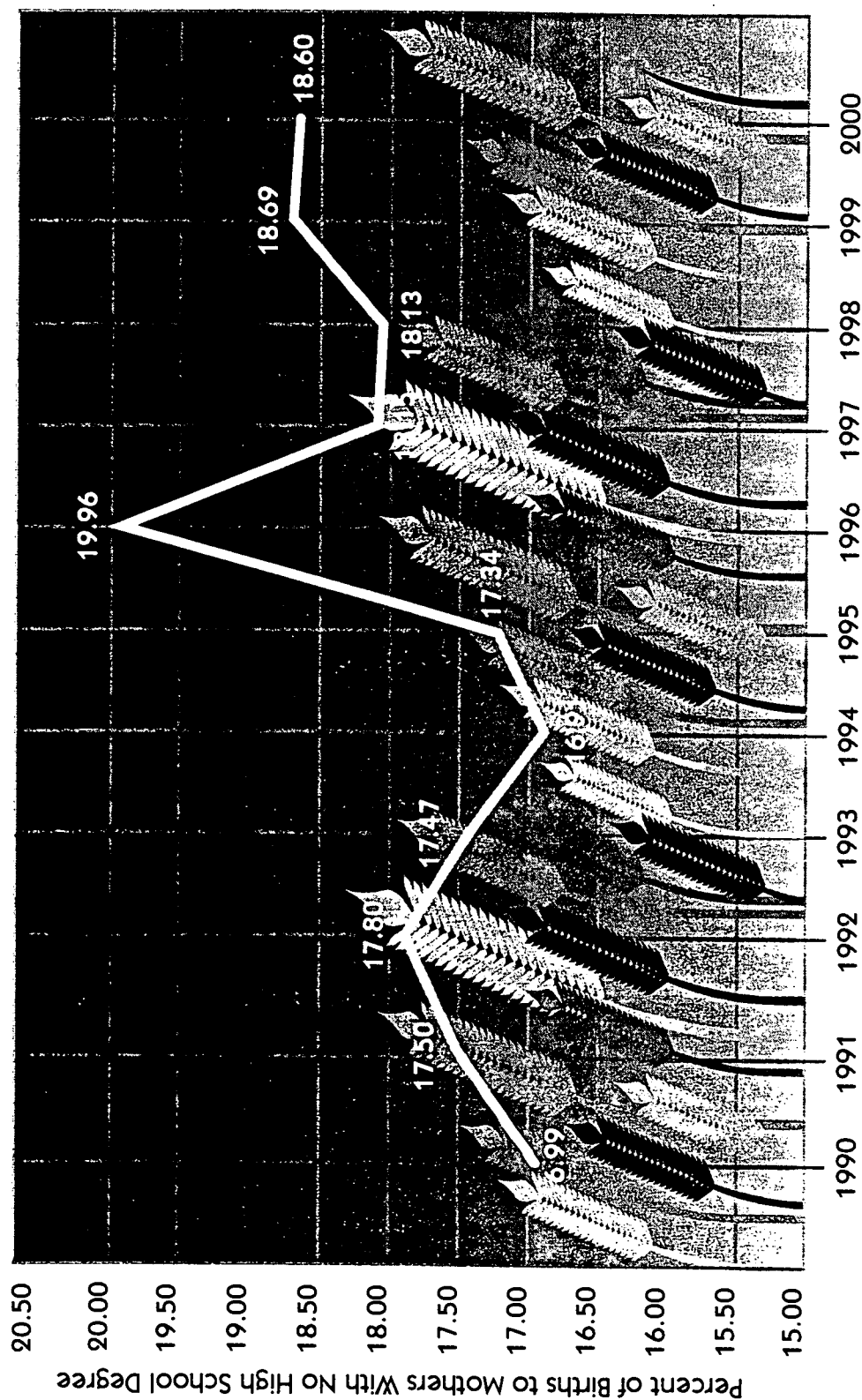
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Births to Mothers Who Lack a High School Degree

The percentage of children born to mothers without a high school degree in Kansas reflects a modest increase over the past 10 years.

- Births to mothers who lack a high school degree is linked to early childhood poverty. Research indicates education level is a reliable measure of earnings.
- Undesirable outcomes linked to children born in poverty include substandard education, poor emotional health and delinquency.
- Fourteen percent of children in Kansas live in poverty. The poverty threshold for a family of two adults and two children is \$16,530.

Children who have access to services are less likely to experience the undesirable outcomes of poverty. This underscores the importance of connecting low-income families to services such as WIC, Early Head Start, Head Start and nutrition assistance programs.



Births to Mothers Who Lack a High School Degree

Policy Implications

Several findings have implications for policies that address the needs of young children and families in Kansas, especially when considered in light of data from the 2000 Census. There are 50,000 more children in Kansas today than in 1990. While approximately one-half of the state's 712,993 children live in five growing urban counties, in 66 counties the number of children has declined and 27 counties have less than 1,000 children.

Facilitate Access

The early childhood data in this brief together with 2000 Census data underscore not only the importance of providing services but also the increasing need to make services more accessible, coordinated, and flexible.

While the number of children participating in Head Start has increased in Kansas, thousands of children who are eligible under Federal poverty guidelines are not being served.

At the same time, the demand for quality child care is increasing. A shortage of child care that is affordable makes it unavailable for many families. The lack of affordable quality care is especially problematic for children at risk of educational failure, such as the children of mothers without a high school degree.

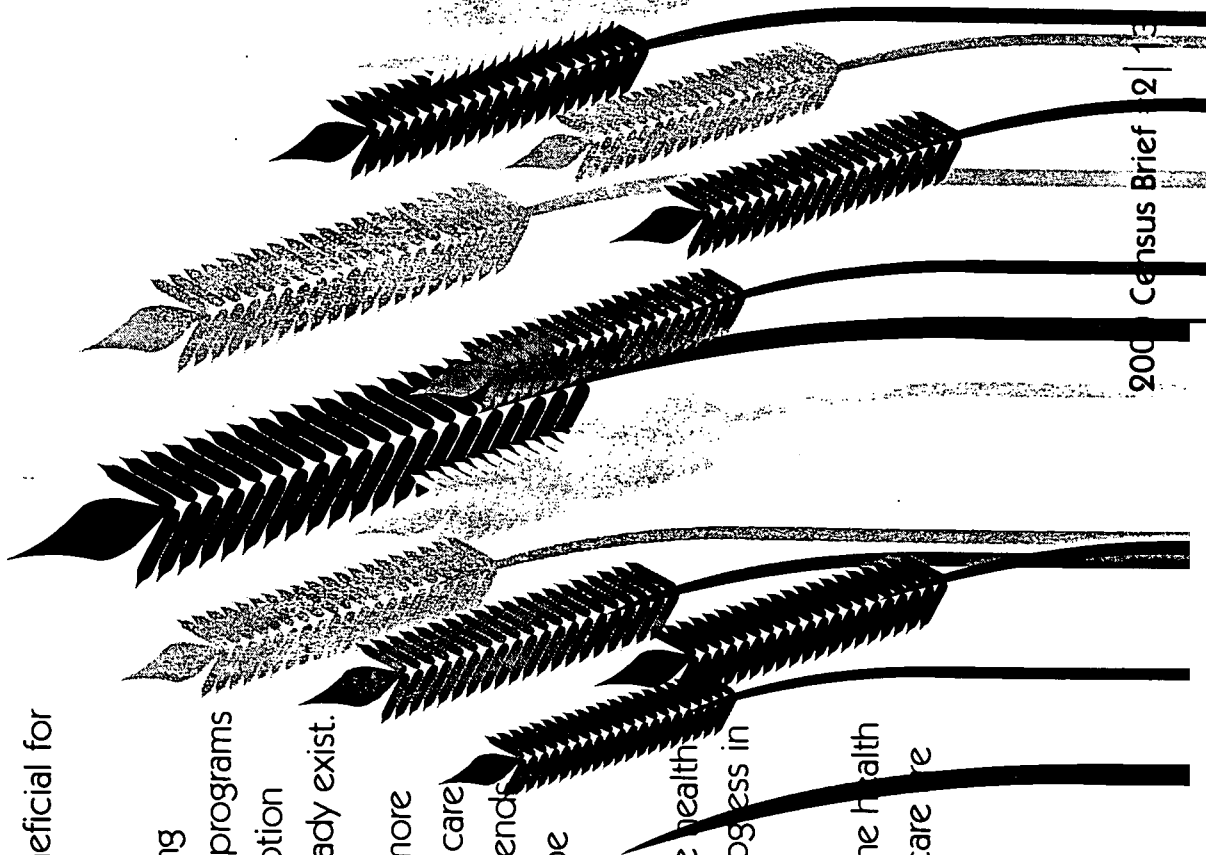
Research has demonstrated that quality early care is particularly beneficial for those children.

Both challenges illustrate the need for increasing quality early learning opportunities. Efforts to expand Head Start should be explored so programs can serve regions of the state without access. One cost-effective option would be to open Early Head Start where Head Start programs already exist.

Policymakers should consider strategies to make quality child care more affordable by increasing subsidy programs and tax credits for child care expenses. However, the responsibility of affordable child care extends beyond the government. Public-private partnerships should also be explored.

Continued outreach and collaboration will be critical to improve the health of young children. As we have seen, Kansas has made significant progress in its efforts to increase the number of fully immunized children.

One way to continue that positive trend is to expand HealthWave, the health insurance program for children. Children with access to preventive care are much more likely to be immunized.





Recognizing the uncertain economic climate, improving services to young children may seem out of reach. In reality, investing in programs we know make a difference will save money in the future.

Investing Early Is Cost-Effective

It makes sense to help children in their early years so they can develop into healthy and productive adults. But it is also logical in economic terms. Consider the following:

- * For every dollar invested in quality child development programs, society saves at least \$7 later on programs such as unemployment, criminal justice and child welfare. That means programs to improve availability of child care, expand Head Start programs and provide social services for children in poverty eventually pay for themselves.
- * Vaccines are also cost-effective. More than \$13 is saved for every \$1 spent on measles/mumps/ rubella vaccine; more than \$29 is saved for every \$1 spent on diphtheria/tetanus/pertussis vaccine; and more than \$6 is saved for every \$1 spent on polio vaccine. More than \$5 is saved for every \$1 spent on varicella vaccine.

While a look back suggests positive changes for young children in Kansas, as we look ahead the need to invest early is clear.

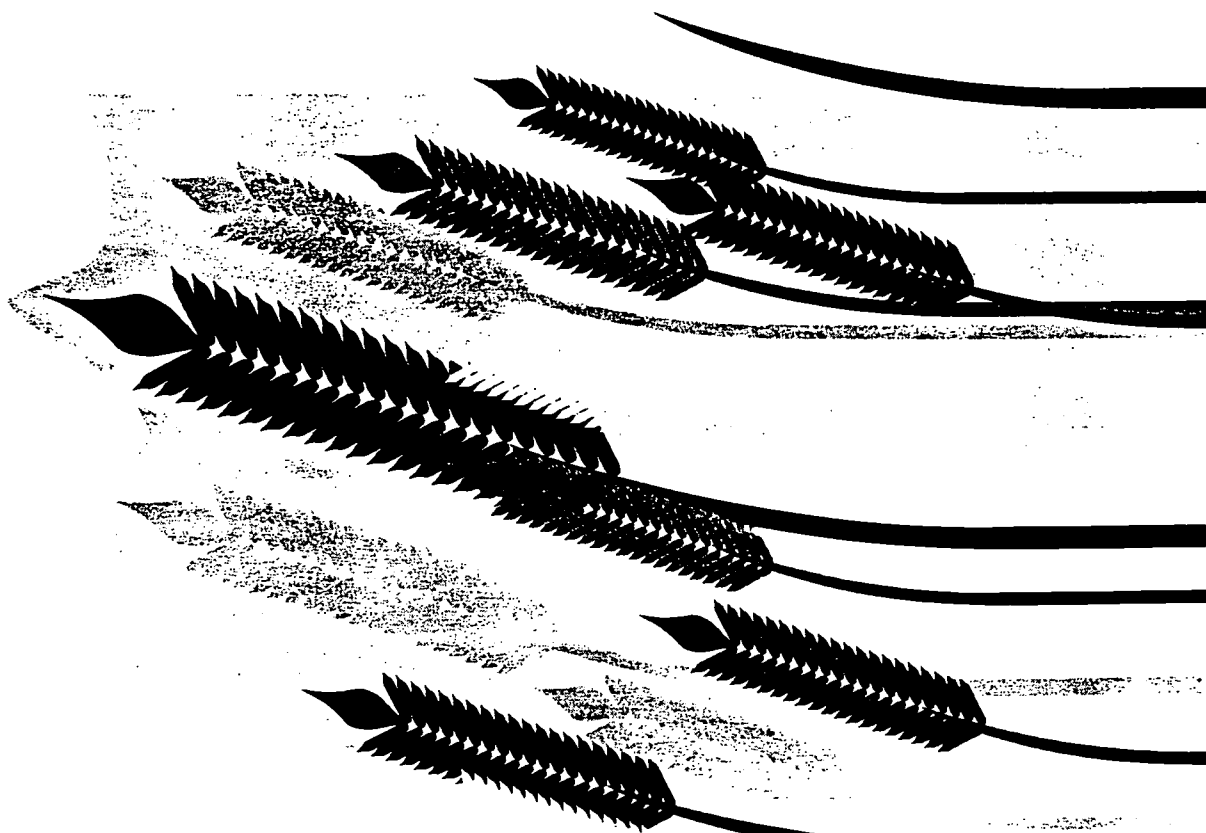
OUR WORK

Kansas Action for Children is an independent, nonpartisan, citizen-based corporation founded in 1979. We do not enter into contracts with, nor receive funding from, government agencies. We work on behalf of all children to ensure that their physical and emotional needs are met, and that they become healthy and contributing adults.

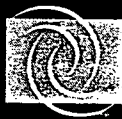
- We paint the picture of Kansas children by gathering and publishing data on child well-being through the *Kansas Children's Report Card*, the *Kansas KIDS COUNT Data Book* and special reports.
- We advance alternatives by developing state policy that is child, youth and family friendly. Over the years, programs related to early childhood development, teen pregnancy, preventive health care, citizen's review boards, services to children in troubled families and the use of funds from the legal settlement with tobacco companies have stemmed from our work.
- We build the base of citizen advocacy for children and youth by working with citizens and organizations across the state. We believe that hundreds of citizens speaking out for children can help create communities that support families and children.

OUR MISSION

Kansas Action for Children advocates for policies and programs that ensure and improve the physical, emotional and educational well-being of all Kansas children and youth. KAC is an independent and nonpartisan voice on their behalf.



KANSAS ACTION FOR CHILDREN



Making a difference for Kansas children.

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This report also can be viewed on our Web site: www.kac.org

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